

236390

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2012-184 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) MIRIAN S. SILVA

Submitted by: ADALBERTO SILVA

Telephone: 910-740-3128

Address: 402 RIDGE RD

Fax: 910-740-3129

WILMINGTON NC 28412

Other: 910-352-3155

Email: TRANSPORTLIMOSILVA@GANDY.CO

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input checked="" type="checkbox"/> Other: LIMOUSINE                   |

RECEIVED  
APR 25 2012  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 4/10/12

~~CLASS C - CHARTER~~  
LIMOUSINE

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

~~Miriam S. Silva~~ : Adalberto A. Silva dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

BRASPORT LIMO SERVICE

402 RIDGE RD WILMINGTON NC  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

910-790-3128  
Phone

910-790-3129  
Fax

BRASPORTLIMOSRVCS@YAHOO.COM  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☒ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

MIRIAM S. SILVA

ADALBERTO A. SILVA

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 4 Year 2012

### Assets:

Cash		<u>\$ 2496.00</u>
Receivables		
Real Estate		
Buildings and Equipment (Net)		
Motor Vehicles (Net)		<u>\$ 90,000.00</u>
Garage Equipment (Net)		
Machinery and Tools (Net)		<u>\$ 2000.00</u>
Supplies on Hand		<u>\$ 200.00</u>
Prepays and Other Assets		
<b>Total Assets*</b>		<u>\$ 96,496.00</u>
<b><u>Liabilities and Equity:</u></b>		
Accounts Payable		
Notes Payable		<u>\$ 1100.00</u>
Mortgages Payable		
Equipment Obligations		<u>\$ 52,000.00</u>
Accrued Salaries and Wages		<u>\$ 1700.00</u>
Other Accrued Obligations		
Other Liabilities		<u>\$ 3600.00</u>
<b>Total Liabilities</b>		<u>\$ 58,400.00</u>
Capital Stock		
Retained Earnings		
<b>Total Equity</b>		<u>38,096.00</u>
<b>Total Liabilities and Equity*</b>		<u>\$ 154,896.00</u>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$100<sup>00</sup> per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
2003 LINCOLN TOWN CAR			# 4234
2002 EXCURSION FORD			# 9600
2000 FORD F450			# 12,000

Apr. 12, 2012 14:39PM Southeastern Insurance

No. 7854 P. 2

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Brassport Limousine ServiceMIRIAM S. SILVAADALBERTO SILVA

Name of Applicant

402 RIDGE RDWILMINGTON NC

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**Liability Insurance \$ 1,500,000Limits 15The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

National Liability & Fire Insurance Co.

Name of Insurance Company

Stanford, Connecticut

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-12-12

Date

Patricia J. Huppert

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder (in lieu of such endorsement(s)).

PRODUCER  
Southeastern Insurance  
P O Box 3706  
Wilmington, NC 28406

CONTACT  
NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSURED  
BRASPORT LIMOUSINE SERVICE  
P O BOX 10445  
WILMINGTON, NC 28404

INSURANCE AFFORDING COVERAGE  
NAME #  
National Liability & Fire 20052  
INSURER A:  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	COVERAGE	LIMIT
A	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Exclusion 1)	\$
	CLAIMS MADE		OCCUR				VED SUPPLY (Exclusion 2)	\$
	PERSONAL AND ADJUTORY						PERSONAL AND ADJUTORY	\$
A	GENERAL LIABILITY						GENERAL LIABILITY	\$
	PRODUCTS - COMPLETION						PRODUCTS - COMPLETION	\$
	PROPERTY DAMAGE						PROPERTY DAMAGE	\$
	COMBINED SINGLE LIMIT						COMBINED SINGLE LIMIT	\$ 1,500,000
A	AUTOMOBILE LIABILITY			73APR274169	3/29/2012	3/29/2013	COMBINED SINGLE LIMIT	\$ 1,500,000
	ANY AUTO						COMBINED SINGLE LIMIT	\$
	ALL OWNED AUTOS						COMBINED SINGLE LIMIT	\$
	SCHEDULED AUTOS						COMBINED SINGLE LIMIT	\$
A	HIRING AUTOS						COMBINED SINGLE LIMIT	\$
	NON-OWNED AUTOS						COMBINED SINGLE LIMIT	\$
	HIRING AUTOS						COMBINED SINGLE LIMIT	\$
	NON-OWNED AUTOS						COMBINED SINGLE LIMIT	\$
A	WORKERS COMPENSATION						WORKERS COMPENSATION	\$
	EMPLOYERS LIABILITY						EMPLOYERS LIABILITY	\$
	PROPERTY DAMAGE						PROPERTY DAMAGE	\$
	COMBINED SINGLE LIMIT						COMBINED SINGLE LIMIT	\$
A	WORKERS COMPENSATION						WORKERS COMPENSATION	\$
	EMPLOYERS LIABILITY						EMPLOYERS LIABILITY	\$
	PROPERTY DAMAGE						PROPERTY DAMAGE	\$
	COMBINED SINGLE LIMIT						COMBINED SINGLE LIMIT	\$

DESCRIPTION OF OPERATIONS (LOCATIONS) (VEHICLES) (Sched. A000) (Sched. A001) (Sched. A002) (Sched. A003) (Sched. A004) (Sched. A005) (Sched. A006) (Sched. A007) (Sched. A008) (Sched. A009) (Sched. A010) (Sched. A011) (Sched. A012) (Sched. A013) (Sched. A014) (Sched. A015) (Sched. A016) (Sched. A017) (Sched. A018) (Sched. A019) (Sched. A020) (Sched. A021) (Sched. A022) (Sched. A023) (Sched. A024) (Sched. A025) (Sched. A026) (Sched. A027) (Sched. A028) (Sched. A029) (Sched. A030) (Sched. A031) (Sched. A032) (Sched. A033) (Sched. A034) (Sched. A035) (Sched. A036) (Sched. A037) (Sched. A038) (Sched. A039) (Sched. A040) (Sched. A041) (Sched. A042) (Sched. A043) (Sched. A044) (Sched. A045) (Sched. A046) (Sched. A047) (Sched. A048) (Sched. A049) (Sched. A050) (Sched. A051) (Sched. A052) (Sched. A053) (Sched. A054) (Sched. A055) (Sched. A056) (Sched. A057) (Sched. A058) (Sched. A059) (Sched. A060) (Sched. A061) (Sched. A062) (Sched. A063) (Sched. A064) (Sched. A065) (Sched. A066) (Sched. 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**Exhibit Fit, Willing, and Able (FWA)**

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No



**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Adelle R. [Signature]  
Applicant's Signature

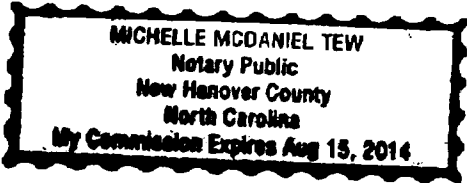
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Title of Applicant (e.g. President, Owner, etc.)

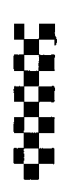
STATE OF SOUTH CAROLINA )  
COUNTY OF New Hanover )

SWORN TO BEFORE ME  
This 12 day of April, 2012

Michelle McDaniel Tew  
Notary Public

Commission Expires August 15, 2014





04-25-2012,

Janice,

Application should read:

ADALBERTO A. SILVA dba

BRASPORT LIMO SERVICE

Thank You  
Thomas J. Raimondi